

PART B - FEE(S) TRANSMITTAL

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7590 01/29/2009

EXXONMOBIL RESEARCH AND ENGINEERING COMPANY
1545 Route 22 East, P.O.Box 900
Annandale, NJ 08801-0900

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Jocelyn Justice	(Depositor's name)
<i>[Signature]</i>	(Signature)
February 18, 2009	(Date)

02/18/2009 HUUNIG2 00000127 051330 10587207

01 FC:1501 1510.00 DA
02 FC:1504 300.00 DA
03 FC:8001 21.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10587207	05/24/2007	Michael Siskin	P2004J003	6714

TITLE OF INVENTION: SYNTHESIS OF STERICALLY HINDERED SECONDARY AMINOETHER ALCOHOLS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	04/29/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
DAVIS, BRIAN J	1621	564-393000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE:

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

EXXONMOBIL RESEARCH AND ENGINEERING COMPANY ANNANDALE, NEW JERSEY, USA

Please check the appropriate assignee category or categories (will not be printed on the patent): individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 7

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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 05-1330 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Estelle C. Bakun

Typed or printed name Estelle C. Bakun

Date 2/18/09

Registration No. 35,054

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